





Form R-309 07012014



PERMIT

State File #

2020 065705

Information necessary for the Certificate of Death has been completed fo	or:
--	-----

	Decedent Name FERREIRA , THERESA							
	Place of Death 78 SEARS ROAD, SOUTHE	OROUGH, MA						
ı	Date of Death DECEMBER 18, 2020	Date of Birth FEBRUARY 27, 1931 Sex FEMALE						
EN	Residence 78 SEARS ROAD, SOUTHE	Residence 78 SEARS ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772						
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO							
٩	Branch of military (most recent)	Rank/organization/outfit(most recent)						
	Date entered(most recent)	Date Discharged (most recent) Service Number(most recent)						
_	Certifier FABIAN DELGADO, MD	Lic # 243137						
FIER	Addr. 1 EDGEWATER DRIVE, NORWOO	D, MASS ACHUS ETTS 02062						
CERTI	Immediate Cause of Death COVID-19 PNEUMONIA							
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:							
Tì	nis permit authorizes the following Funeral Sc	ervice Licensee or Designee to remove, dispose or transport remains as listed below:						
	nis permit authorizes the following Funeral So Funeral Licensee/ Designee PHILLIP R. SHOR	7: 11 70004						
	Funeral Licensee/ Designee PHILLIP R. SHOR	T Lic # 50881						
	Funeral Licenseel Designee PHILLIP R. SHOR Facility. SHORT & ROWE FUNERAL HOM	7: 11 70004						
DISPOSITION	Funeral Licensee/ Designee PHILLIP R. SHOR Facility. SHORT & ROWE FUNERAL HON Disposition Type CREMATION Place/Address	T Lic # 50881  ME, MARLBOROUGH, MASSACHUSETTS						
DISPOSITION	Funeral Licensee/ Designee PHILLIP R. SHOR Facility. SHORT & ROWE FUNERAL HON Disposition Type CREMATION Place/Address	T  Lic # 50881  ME, MARLBOROUGH, MASSACHUSETTS  Date of Disposition DECEMBER 21, 2020						
NOILISO SIG	Funeral Licensee/ Designee PHILLIP R. SHOR Facility. SHORT & ROWE FUNERAL HOM Disposition Type CREMATION Place/Address ALL FAITHS CEMETERY AND CREMAT	T  Lic # 50881  ME, MARLBOROUGH, MASSACHUSETTS  Date of Disposition DECEMBER 21, 2020						
NOILISOUSID E LIW	Funeral Licensee/ Designee PHILLIP R. SHOR Facility. SHORT & ROWE FUNERAL HON Disposition Type CREMATION Place/Address ALL FAITHS CEMETERY AND CREMATION CREMATION CREMATION CREMATION CREMATION CREMATION CREMATION CREMATI	T  Lic # 50881  ME, MARLBOROUGH, MASSACHUSETTS  Date of Disposition DECEMBER 21, 2020  FORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603						
NOILISO SIG	Funeral Licensee/ Designee PHILLIP R. SHOR Facility. SHORT & ROWE FUNERAL HON Disposition Type CREMATION Place/Address ALL FAITHS CEMETERY AND CREMATIONS CEMETERY AND CREMATION DISPOSEMENTS. Registry of Vital Records and Statistics	T  Lic # 50881  ME, MARLBOROUGH, MASSACHUSETTS  Date of Disposition DECEMBER 21, 2020  CORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603  Board of Health/Agent for: SOUTHBOROUGH						

#### Acceptance of Permit

Disposition Type

Cremation

Place of Disposition (Facility Name and Address)

All Faiths Crematory, Worcester

CONFIRMATION

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Signature

Name of Superintendent or Authorized Designee:

Paul A. Druin

X

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

12/23/2020

Date of Disposition

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



0000434126 Form R-309 07012014



State File #

2020 001641

Information necessary for the Certificate of Death has been completed fo	or:
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	Decedent Name	RAYMOND,	LORRAINE	R					
	Place of Death	HARRINGTON	MEMORIAL H	OSPITAL, SOU	THBRID	GE, MA			
T	Date of Death	JANUARY 04,	2020	Da	te of Birth	APRIL 24, 1949	Sex	FEMALE	
D E N	Residence	Residence 214 PARK CIRCLE, STURBRIDGE, MASS ACHUS ETTS 01566							
DECED	NO			R	ank/organi.	zation/outfit(most recent)			
	Date entered(mo	st recent)	D 	ate Discharged (mo	st recent)	Service Number(mo:	st recent)		
~	Certifier TAI T	EMPLE, MD				Lic # 238229			
RTIFIER	Addr. 100 SOL	THSTREET, S	OUTHBRIDGE, 1	MASSACHUSET	TS 01550				
CERTI	Immediate Cause of Death ACUTE HYPERCAPNIA RESPIRATORY FAILURE								
Th	is permit autho	rizes the followi	ng Funeral Servic	e Licensee or Des	signee to r	emove, dispose or transpo	ort remains	as listed below:	
SITION	Funeral Licensee/ Designee WILLIAM P BELANGER  Lic # 6229  Facility. BELANGER-BULLARD FUNERAL HOME, SOUTHBRIDGE, MASSACHUSETTS								
113	Disposition Type CREMATION Date of Disposition JANUARY 10, 2020						, 2020		
O ISPO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
En	dorsements								
	Registry of Vita	Records and Stat	istics	Board of Health	/Agent for:	SOUTHBRIDGE			
ERMIT	State Tracking #	001641		Local Permit#	E-PERM	T			
PER	Date	JANUARY 1	4, 2020	Date					
				Name of Agent					
Z	I hereby certify	that the remains w	vere disposed of in a	ccordance with its	terms at the	e place and date below:			
ATION	Place of Disposit	ion (Facility Name	and Address)		Signatur	e 0 1 71 1	7 0 11 11		
FIRM		Rural Cem 180 Grove Worcester,	eier) Sireel MA D1600		X	John H. C	oble	* 	
CON	Disposition Type		Date of Disposition		Name of .	Superintendent or Authorized	•		
		remation	1AN 1 4	4 2020		John H Co	bill		

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

SCANLON'S

Pon	0434750 n R-309 070 (2014	sary for the Cert		Registry of Vital DISPOSITIO OR TRAN: PE	th of Massachusetts Records and Statistic DN, REMOVA SPORTATION RMIT  mpleted for:	T	2020 001539		
						**************************************			
	Decedent Name	KIMBALL ,	DAWN	ELAINE					
	Place of Death HARRINGTON MEMORIAL HOSPITAL, SOUTHBRIDGE, MA								
=	Date of Death	JANUARY 11,	2020		Date of Birth .	JANUARY 08, 1959	Sex FEMALE		
DENT	Residence				SSACHUS ETTS 01	1566			
BCED		pecyy war confila(	(s) (most recei	nt)					
9.0	NO Branch of military (most recent)				Rank/organiza	tion/outfit(most recent)			
	Date entered (mo	st recent)		Data Dischai	ged (most recent)	Service Humber(mo	ist recent)		
ĸ	Centifier MARI	E KING, MD				Lic# 253724	-		
RTIFERR	Addr. 100 SOUTH STREET, SOUTHBUIDGE, MASSACHUSETTS 01550								
CERTI	Immediate Cause CARDIO PULIN	e of Death MONARY ARR	EST						
Th	iis permit autho	rizes the follow	ing Fune. al	Service License	e or Designee to ren	nove, dispose or transp	ort remains as listed below:		
z	Funeral Licenses	V Designee JOHN	P.HIC	Y			Lic# <b>6889</b>		
10	Facility. SCANLON FUNERAL SERVICE, WEBSTER, MASSACHUSETTS								
DISTOSITIO	Disposition Type	CREMATION			Date of Disposition JANUARY 14, 2020				
320	Place/Address								
DI	RURAL CENT	ETERY (CREM	ATORY, 1	80 GROVE ST	REET, WORCES I	ER, MASSACHUSET	18 01005		
Fn	dorsements								
		l Records and Sta	fiction	Boardo	f Health/Agent for: S	OUTERRIDGE			
ERM IT	State Tracking			Local Pe		**************************************			
R	Date_	JANUARY 1	13 2020	Date			•		
.4.	Daye	JACTOART I	13, 2020		dagent				
امنا		Name of Agent  I hereby certify that the remains were disposed of in accordance with its terms at the place and date by low:							
Z						olace and date below:			
E	Place of Disposit	tion (Facility <b>Name</b>			Sıgnature	0.1 710	1 1 4 4		
FIRMATION			Rural C 180 Gro Worcest	emetery ve Street er, MA D1606	x	John H. C	one		
CON	Disposition Type		Date of : s,	position _ and	Name of Su	perintendent or Authorized	*		
0	C	remation	1 11	AN 1 5 202	U	John H Cobill			

#### Acceptance of Permit

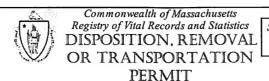
Cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File # 2020 002145

Information necessary for the Certificate of Death has been completed for:

		· · · · · · · · · · · · · · · · · · ·						
	Decedent Name CAPIZZI , SALVATO	ORE						
	Place of Death 71 WILLIAM ONTHAN	IK LANE, SOUTHBORG	OUGH, MA					
н	Date of Death JANUARY 12, 2020	Dat	te of Birth APRIL 02, 1926	Sex MALE				
EN	Residence 71 WILLIAM ONTHANK LANE, SOUTHBOROUGH, MASSACHUSETTS 01772							
DECEDENT	If U.S. veteran, specify war/conflict(s) (most rec NO Branch of military (most recent) Date entered(most recent)	,	ank/organization/outfit(most rece  st recent) Service Num 	ent) ber(most recent)				
~	Certifier VINCENT YUAN, MD		Lic # 73058	7				
FIE	Addr. 571 UNION AVENUE, FRAMING	HAM, MASSACHUSET	TS 01702					
CERTIFIER	Immediate Cause of Death FAILURE TO THRIVE							
Th	is permit authorizes the following Funer	al Service Licensee or Des	signee to remove, dispose or t	ransport remains as listed below:				
DISPOSITION	Funeral Licensee/ Designee DOUGLAS L TERSONI  Facility. NORTON FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS  Disposition Type BURIAL  Place/Address  SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
En	dorsements							
_	Registry of Vital Records and Statistics	Board of Health	/Agent for: SOUTHBOROUGH	I				
PERMIT	State Tracking # 002145	Local Permit#	E-PERMIT					
PEI	Date JANUARY 16, 2020	Date						
		Name of Agent						
z	I hereby certify that the remains were dispos	sed of in accordance with its	terms at the place and date belo	w:				
ONFIRMATION	Place of Disposition (Facility Name and Addre NUMBER COMMENT) 11 CONSTITUTE PORT SENTING.		Signature  X	July 1				
с о	3,000	nsposition	Name of Superintendent or Aut	nonzeu tresignee.				

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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				NA CHARLES IN COLUMN TO THE CO			13608			
1	0435997 p. k100 07012014		Registry of DISPOS	rivealth of Ma Visal Records ITTON, R ANSPOR PERMIT	and Statistic EMOV/ TATIO	AL.	2020 002775 -738			
		sary for the Certificate o	f Death has be	en completed	i for:					
A 83.0	OTHERON BEACH	saly for the Crimonal								
Γ	Decedens Name		THONY A			w *=-				
ļ	Place of Death									
-	Date of Death	JANUARY 16, 2020			•	OCTOBER 11, 1963	Ser MALE			
E S	Residence	1391 BRIMFIELD RO		, Massaci	HUSETTS	01083				
KCEBENT	If U.S. veteran, i	pecify waveorfite(s) (mon	recent)							
	Branch of milita	ry (most recent)		R	and/organis	ntion outfleimost recent)				
	Date entered (m)	sat recessi)	Date 1	)ischarged (ma	si recent)	Service Number(m	on tecent)			
	Certifier CHRI	STOPHER PERRY, M	D			Lie # 274670				
1	Addr. 726 ALBANY STREET, BOSTON, MASSACHUSETTS 62118									
CKRTIFIER	Immediate Com PENDING	Immediate Course of Death								
T	his permit autho	rizes the following Fun	eral Service Li	censee or De	ignee to re	move, dispose or transp	port remains as listed below:			
-	Funeral License	o Designo MICHAEL J					Let 50057			
NO.	Facility. PILLS	Facility, PILLSBURY FUNERAL HOME, INC., NORTH BROOKFIELD, MASSACHUSETTS								
138	Desposition Typ	CREMATION				Date of Disposition .	JANUARY 21, 2020			
DISPOSITIO	Miles Addison	ETERY (CREMATOR	), 180 GROV	E STREET,	WORCES.	TER MASSACHUSE	TTS 01605			
E	ndorsements									
Γ	Registry of Vit	al Records and Statistics				SOUTHBRIDGE	<u></u>			
PERMIT	State Tracking	002775	L	ocal Permit#	E-PERMI	ľ				
1	Dane	JANUARY 21, 2820		late						
h		****		ome of Agent		A				
	I hereby certif	that the remains were dis	pused of in acco	rdance with its	terms at the	place and date below:				
AFION	Place of Dispos	ition (Facility Name and Ad			Signature					
FIRMA		Rural Ceme 180 Grove S Worcester, I	iety MA D1608		x		4 Cobile			
0	Lisposition Typ	e Lines	of Lasposition		Name of	uperationders or Authoriza	ed Dangnee. 111			
10	Cr	emation	JAN 2	1 2020		John H Cob	111			

#### Acceptance of Permit

Permits printed with the designation "F-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "F-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Beaminer is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

. id (1

Name of Superintendent or Authorized Designee:

10hn H Cobill

Morris Funeral Home

							7383	8
	0441076 m R-309 C7012014	- n	Registry of DISPOSI		and Statistics EMOVAL TATION	<b>S</b>	2020 006595	
Ĭní	ormation neces	sary for the Certificate of	Death has bee	en completed	for:			
	Decedent Name	BELLOLI , EDWARI	O ANTHO	NY				
	Place of Death	49 BOSTON ROAD, 10	B, SOUTHBO	OROUGH, M	1A			
<u>.</u>	Date of Death	FEBRUARY 08, 2020		Dat	e of Birth NO	OVEMBER 22, 1949	Sex MALE	
ENT	Residence	49 BOSTON ROAD, 10	B, SOUTHBO	OROUGH, M	IAS S ACHUS	SETTS 91772		
ECED		specify war/conflict(s) (most re	cent)					
DE	NO Branch of military (most recent)  Rank/organization/outfit(most recent)							
	Date entered(inc	ost recent)	Date D	ischarged (mo	st recent)	Service Number(mos	trecent)	
a	Certifier ANA	espila navarro, md				Lic # 246617		
RTIFIER	Addr. 761 WO	Addr. 761 WORCES TER ROAD, FRAMINGHAM, MASS ACHUS ETTS 01701						
CERTI		Immediate Cause of Death LUNG CANCER WITH METS						
T	his permit auth	orizes the following Funer	ral Service Lie	censee or Des	ignee to rem	ove, dispose or transpo	rt remains as listed be	low:
1	Funeral License	ee Designee NANCY G MO	RRIS			L	ic # 50277	
N 01		RIS FUNERAL HOME,	SOUTHBOR	OUGH, MAS	SACHUSEI	TTS		
SIT	Disposition Typ	e CREMATION				Date of Disposition F	EBRUARY 11, 2020	
DISPOSITIO	Place/Address RURAL CEM							
E	ndorsements							
	Registry of Vit	al Records and Statistics	Во	oard of Health	/Agent for: SC	OUTHBOROUGII		
MIT	State Tracking	# 006595	Lo	ca! Permit#	E-PERMIT			
F E R	Date	FEBRUARY 11, 2020	) Da	rte				
L			No	me of Agent				
7	I he reby certif	y that the remains were disp		dance with its		lace and date below:		
VOLLA	Place of Dispos	sition (Facility Name and Addr Kurn), Gemet			Signature			
1		TON CHANGS	AA DI 608			Kinn Hol	obile	

#### Acceptance of Permit

Disposition Type

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

2 2020

Date of Disposition

FEB

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION OCME CASE # 2020-1957

State File #

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

Decedent Name TOMASIAN, MARNIE M Place of Death 367 TURNPIKE ROAD, SOUTHBOROUGH, MA **FEBRUARY 10, 2020** Date of Death

Date of Birth MAY 11, 1973

**FEMALE** Sex

90 IRVING STREET, APT. 303, FRAMINGHAM, MASSACHUSETTS 01701 Residence If U.S. veteran, specify war/conflict(s) (most recent)

NO

Branch of military (most recent)

Rank/organization/outfit(most recent)

Date entered(most recent)

Date Discharged (most recent)

Service Number(most recent)

Lic # 274041

Certifier ANDREW ELIN, DO

Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118

CERTI Immediate Cause of Death

**PENDING** 

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee STEPHEN F. GEMELLI

Lic # 6280

Facility. MERCADANTE FUNERAL HOME, WORCESTER, MASSACHUSETTS

Disposition Type CREMATION

Date of Disposition FEBRUARY 17, 2020

hn H. Cohile

Place/Address

RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

**Endorsements** 

Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics E-PERMIT 007406 Local Permit# State Tracking # Date Date **FEBRUARY 17, 2020** Name of Agent

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

CONFIRMATION Place of Disposition (Facility Name and Address)

Rural Cemetery 180 Grove Street Worcester, MA 01605

X

Signature

Name of Superintendent or Authorized Designee:

Date of Disposition 7 2020 Cremation

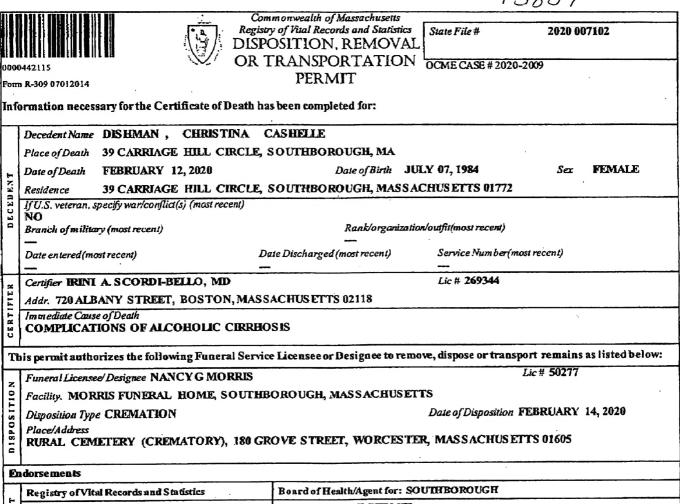
John H Cobill

#### Acceptance of Permit

Disposition Type

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M	State Tracking # 007102	Local Permit #	E-PERMIT
ER	Date FEBRUARY 13, 2020	Date	
~		Name of Agent	
z	I hereby certify that theremains were disposed	of in accordance with its	terms at the place and date below:
P	Place of Disposition (Facility Name and Address)		Signature
FIRMA	Rura 180 C Word	Cemetery Grove Street ester, MA 01605	x John H. Colill
CON	Disposition Type  Cremation  Date of Disposition	B 1 7 2020	Name of Superintendent or Authorized Designee:  John H Cobill

#### Acceptance of Permit

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VDH-PHS-BTP-2011

## VERMONT DEPARTMENT OF HEALTH BURIAL-TRANSIT PERMIT Permit for Removal, Disinterment and Reinterment

Dormait No.		
Permit No.	 _	

	and the state of t			2. Sex	3. Date of Death
Thomas Mark Morris	February 18, 2018				
4. City/Town of Death					
Jamaica .					
7. Name and Address of Funeral Direct	tor				•
Atamaniuk Funeral Home Inc., 4	0 Terrace Street, B	rattlebor	o, VT 05301		
PERMISSION REQUESTED FOR: (C	heck only one box and	complete th			
☐ Temporary Storage or Donation (Sect	tion A)	nation (Sed	tion C)	Burial or Ent	tombment (Section D)
Removal From Temporary Storage/P	lace of Donation or Disir	nterment (S	ection B)	Removal Fr	om State (Section E)
SECTION A: IF TEMPORARY STORA	GE OR DONATION IN	VERMO	VT (Files Alberta)	ja sanga i	Andrew States of the
Name of Cemetery/Place or Donation I	Facility	City	/Town		Date
					• ;
PERMISSION GIVEN TO DISPOSE O		-		.S.A. 5201)	T2
Signature of Clerk/Deputy or Funeral D	irector ·	City	//Town		Date
Signature of Sexton/Cemetery Official	or Representative of 0	Organizatio	on Receiving Do	nation	Date
SECTION B: IF REMOVAL FROM TEN				OR DISINTER	
Name of Cemetery/Place or Facility fro	m which body is being	g removed	City/Town		Date
				in a second market	
PERMISSION GIVEN TO DISPOSE O				(.S.A. 5201)	,
Signature of Clerk/Deputy or Funeral D	Director	City	//Town		Date
Signature of Sexton/Cemetery Official					Date
	¥				
SECTION C: IF CREMATION IN VERM	JONT				
Name of Crematorium		City	y/Town		Date
PERMISSION GIVEN TO DISPOSE C	F SAID BODY AS ST	TATED AB	OVE (Title 18, \	/.S.A. 5201)	
Signature of Clerk/Deputy or Funeral E	Director	Cit	y/Town		
Ligitation of old to be built and an extension					
					Date
Signature of Crematorium Official			ntainer Number		Date
Signature of Crematorium Official		Co	ntainer Number	UP SOLUTION	
Signature of Crematorium Official SECTION D: IF BURIAL OR ENTOMB	-MASSACY	Co	ntainer Number		
	-MASSACY	Co illoens	ntainer Number	1 n	Date
SECTION D: IF BURIAL OR ENTOMB	-MASSACY	Co illoens		ed Ma	Date
SECTION D: IF BURIAL OR ENTOMB Name of Cemetery KURAL LEMETERS	-MASSAC BMENT IN VERMONT	Co No 2013		5/ MA (S.A. 5201)	Date
SECTION D: IF BURIAL OR ENTOMB	MASSACE BMENT IN VERMONT OF SAID BODY AS ST	Co		5/MA 7.S.A. 5201)	Date
SECTION D: IF BURIAL OR ENTOME Name of Cemetery  LUNAL LEMETER PERMISSION GIVEN TO DISPOSE OF	MASSACE BMENT IN VERMONT OF SAID BODY AS ST	Co	y/Town  Sinfande  OVE/Title 18, V	.S.A. 5201)	Date  11-9-3019
SECTION D: IF BURIAL OR ENTOMB  Name of Cemetery  LINAL LEMETALY  PERMISSION GIVEN TO DISPOSE O  Signature of Clerk/Deputy or Funeral II  CAMMAN ALMANS SE	MASSACE SMENT IN VERMONT  DE SAID BODY AS STO  Director  C. A.K. M., LOT 31-01	Co	y/Town  Down Bride  OVE (Title 18, \) y/Town	S.A. 5201)	Date  11-9-3019
Name of Cemetery  PERMISSION GIVEN TO DISPOSE OF Signature of Clerk/Deputy or Funeral I	DF SAID BODY AS ST Director C. Ax II, LOT SAID Dombed	Con City City Da	y/Town  ONE/Title 18, \ y/Town  te 11-9-6	7.8.A. 5201)	Date    11-9-3019   Date
SECTION D: IF BURIAL OR ENTOME Name of Cemetery  LUMAN LEMETAL  PERMISSION GIVEN TO DISPOSE O Signature of Clerk/Deputy or Funeral I  Common Name San Bedy was:  Burled  Ent  Section  Lot Number	DF SAID BODY AS ST Director  C. A. II. LOT 21-10  Ombed  Grave Number	Constant City City City City City City City Cit	y/Town  Down Bride  OVE (Title 18, \) y/Town	7.8.A. 5201)	Date    Date   1/- 9- 30/9     Date   Date
SECTION D: IF BURIAL OR ENTOME Name of Cemetery    LUMAL LIMITED   PERMISSION GIVEN TO DISPOSE O Signature of Clerk/Deputy or Funeral I    Luman   Luman     Burled   Ent   Section   Lot Number     Luman   Luman     Luman   Luman	DF SAID BODY AS STORECTOR  COMMENT IN VERMONT  DIFFERENCE OF SAID BODY AS STORECTOR  COMMENT IN LOT ALL  C	Constant City City City City City City City Cit	y/Town  ONE/Title 18, \ y/Town  te 11-9-6	7.8.A. 5201)	Date  Date  11-9-Josq  Date
SECTION D: IF BURIAL OR ENTOME Name of Cemetery    LUMAL LIMETALL   PERMISSION GIVEN TO DISPOSE O Signature of Clerk/Deputy or Funeral I    Luman   Luman     Burled	DF SAID BODY AS ST Director Combed Grave Number	Consider Associated As	y/Town  OVE/Title 18, V  y/Town  te	2019 n/Cemetery	Date  Date  1/- 9- Join  Date  Official
SECTION D: IF BURIAL OR ENTOME Name of Cemetery  LUMAL LEMETAL  PERMISSION GIVEN TO DISPOSE O Signature of Clerk/Deputy or Funeral I  Company Name of Lot Number  Section  Lot Number  SECTION E: IF REMOVAL FROM ST Name of Cemetery or Place to where	OF SAID BODY AS ST Director C. A. I. L. J.	City/Town,	y/Town  OVE (Title 18, Vy/Town  te //- 9	2019 n/Cemetery	Date  Date  11-9-3019  Date  Official  Mun  Date
SECTION D: IF BURIAL OR ENTOME Name of Cemetery  LURAL LAMETAL  PERMISSION GIVEN TO DISPOSE O Signature of Clerk/Deputy or Funeral I  Becty was: Burled	OF SAID BODY AS ST Director Combed  Grave Number  Grave Number  ATE  body is being taken	City/Town, Troy, NI	y/Town OVE/Title 18, V y/Town  te	2019 n/Cemetery	Date  Date  1/- 9- Join  Date  Official
PERMISSION GIVEN TO DISPOSE OF CRESTORE FAMILY OF ENTOME  SECTION E: IF REMOVAL FROM ST  Name of Cemetery or Place to where Chestore Family Crematory  PERMISSION GIVEN TO DISPOSE OF PLACE OF P	DF SAID BODY AS STORMENT IN VERMONT  DF SAID BODY AS STORMENT IN VERMONT  DF SAID BODY AS STORMENT IN VERMONT  Grave Number  Grave Number  JAMES AND BODY AS STORMENT IN VERMONT  DF SAID BODY AS ST	City/Town, Troy, NI-	y/Town OVE/Title 18, V y/Town  te	2019 n/Cemetery	Date  Date  1/- 9- Jos9  Date  Official  Date  Date  February 27, 2018
PERMISSION GIVEN TO DISPOSE OS Signature of Clerk/Deputy or Funeral I Berty was: Burled Ent Section Lot Number Section E: IF REMOVAL FROM ST Name of Cemetery or Place to where Cheshare Family Crematory	DF SAID BODY AS STORMENT IN VERMONT  DF SAID BODY AS STORMENT IN VERMONT  DF SAID BODY AS STORMENT IN VERMONT  Grave Number  Grave Number  JAMES AND BODY AS STORMENT IN VERMONT  DF SAID BODY AS ST	City/Town, Troy, NI- TATED AE City/Town	y/Town OVE/Title 18, V y/Town  te	2019 n/Cemetery	Date  Date  11-9-3019  Date  Official  Mun  Date



State File #

2020 015313

#### Form R-309 07012014 Information necessary for the Certificate of Death has been completed for: Decedent Name CIPRIANO, PAULINE MARIE 110 MAIN STREET, SOUTHBOROUGH, MA Place of Death Date of Death MARCH 29, 2020 Date of Birth FEBRUARY 15, 1930 **FEMALE** 110 MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent) Date entered (most recent) Date Discharged (most recent) Service Number(most recent) Lic # 74958 Certifier JOANNE SUNA. MD Addr. 307 W CENTRAL STREET, NATICK, MASSACHUSETTS 01760 Immediate Cause of Death CARDIOPULMONARY ARREST This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 50277 Funeral Licensee/Designee NANCY G MORRIS DISPOSITION Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Date of Disposition APRIL 04, 2020 Disposition Type BURIAL RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 **Endorsements** Board of Health/Agent for: SOUTHBOROUGH Registry of Vital Records and Statistics State Tracking # 015313 Local Permit # E-PERMIT MARCH 31, 2020 Date Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: CONFIRMATION Signature Place of Disposition (Facility Name and Address) KillAL CAPETERY 11 CONSAVICE KD SOUTH

#### Acceptance of Permit

MIAL

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Date of Disposition

X

Name of Superinte

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





# Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION

State File #

OCME CASE # 2020-5177

2020 021970

PERMIT

Form R-309 07012014

Inf	ormation necessary for the Certificate of Death l	has been completed for:				
	Decedent Name BAEZ, HECTOR IVAN					
	Place of Death RED ROOF INN, SOUTHBOR	OUGH, MA				
_	Date of Death APRIL 14, 2020	Date of Birth	OCTOBER 03, 1969 Se	ex MALE		
EN	Residence 17 FRUIT STREET, ASHLANI	D, MASSACHUSETTS 0172	21			
If U.S. veteran, specify war/conflict(s) (most recent)  NO						
Q	Branch of military (most recent)	Rank/organi.	zation/outfit(most recent)			
	Date entered (most recent)	Date Discharged (most recent)	Service Number(most recent)			
-	Certifier JANICE Y. GRIVETTI, DO		Lic # 247439			
TIFIER	Addr. 720 ALBANY STREET, BOSTON, MASSACHUS ETTS 02118					
CERTI	Immediate Cause of Death PENDING					
TI	nis permit authorizes the following Funeral Servi	ice Licensee or Designee to r	emove, dispose or transport rema	ins as listed below:		
z	Funeral Licensee/Designee MICHAEL T. WEST  Lic # 6308					
1101	Facility. BRADY & FALLON FUNERAL SERVICE, BOSTON, MASSACHUSETTS					
S	Disposition Type CREMATION		Date of Disposition APRIL 23	, 2020		
DISPO	Place/Address SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131					
En	dorsements					
ľ	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH			
MIT	State Tracking # 021970	Local Permit # E-PERM	Τ			
PERM	Date APRIL 23, 2020	Date				
		Name of Agent				

# Acceptance of Permit

Disposition Type Cremation

Place of Disposition (Facility Name and Address)

St. Michael Crematory 500 Canterbury Street Boston, MA 02131

CONFIRMATION

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Signature

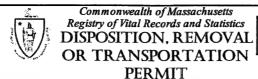
Name of Superintendent or Authorized Designee. Michael D. Sheehan, G.M.

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Date of Disposition

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State File#

2020 024326

Fon	m R-309 07012014			PERMI	1			
Inf	ormation neces	ary for the Cer	tificate of Death	has been complete	ed for:			
	Decedent Name	PESSINI,	CAROLINE -	-				
	Place of Death	4 MAPLE STI	REET, SOUTHI	BOROUGH, MA				
L	Date of Death	APRIL 29, 202	20	Da	te of Birth	OCTOBER 20, 1918	Sex	FEMALE
EN	Residence	4 MAPLE STI	REET, SOUTH	BOROUGH, MASS	ACHUSE	TTS 01772		
DECEDENT	If U.S. veteran, sp NO	pecify war/conflict	(s) (most recent)					
_	Branch of militar	y (most recent)		1	Rank/organi —	zation/outfit(most recent)		
	Date entered(mo	st recent)		Date Discharged (m	ost recent)	Service Number(most	recent)	
S.R.	Certifier SHAH	NAZ MONTA	QUE, MD			Lic # 55438		
RTIFIE		Addr. 3 FRANKLIN COMMON, FRAMINGHAM, MASS ACHUS ETTS 01702						
CERT	Immediate Cause FAILURE TO							
T	is permit autho	rizes the follow	ing Funeral Ser	vice Licensee or De	signee to r	emove, dispose or transpo	rt remains	as listed below:
z	Funeral Licensee/ Designee NANCYG MORRIS  Lic # 50277							
SITIO	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS							
180	Disposition Type BURIAL Date of Disposition MAY 02, 2020					)		
SPO	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
10	NUMBLICATION IN COMPANIAL ROAD, SOUTHBURGUGH, MASSACHUSETTS UT//2							
En	dorsements							
Г	Registry of Vital	Records and Sta	tistics	Board of Health	Agent for:	SOUTHBOROUGH		
ERMIT	State Tracking #	024326		Local Permit#	E-PERM	Т		
PER	Date	<b>APRIL 30, 2</b> 0	020	Date				
				Name of Agent	_			
N	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
TION	Place of Disposit				Signatur	e / //	1	
CONFIRMA	I CONDAIN	METERY L KD_ JUVI LAST, LOT 19	Menorest,	1/14	X	F. Cichall	Charl	
NO	Disposition Type	enos, cos s	Date of Disposit	ion	Name of	Superintendent or Authorized L	esignæ:	
٥	FULL EM	en burn	11/11	2, 2020	(	BRIDGET AS	JUENE	<u>~</u> /

#### **Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



a i

Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION

PERMIT

State File#

2020 033671

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

	Decedent Name MISENER, JOAN M							
	Place of Death	8 LATIS QUAM	IA ROAD, SOU	ЛНВОROUGH, N	/IA			
Ţ	Date of Death	<b>JUNE 04, 2020</b>		Da	te of Birth	<b>SEPTEMBER 19, 1933</b>	Sex .	FEMALE
ECEDENT	Residence	8 LATIS QUAM	IA ROAD, SOU	THBOROUGH, N	MASSACI	HUSETTS 01772		
CEI		pecify war/conflict(	(s) (most recent)					
DE	NO Branch of milita	rv (most recent)		,	ank/organi	ization/outfit(most recent)		
	_			-	-			
	Date entered(mo	st recent)		Date Discharged (mo 	st recent)	Service Number(m	ost recent)	
я	Certifier SARA	H H. HUGHES,	MD			Lic # 221461		
CERTIFIE	Addr. 119 BEL	MONT STREET	r, worces ter	R, MASSACHUS	ETTS 016	05		
LTI	Im m ediate Caus	e of Death		<del></del>			***************************************	
CEF	ADVANCED	GYNECOLOGIC	C CANCER					
Th	ie normit sutha	rizes the followi	ng Funeral Serv	ice Licensee or De	signee to r	remove, dispose or transp	ort remains	as listed below
-							Lic # 50277	us risted below.
Z		e/Designee NANC					Lic # 30211	
TIC	Facility. MOR	RIS FUNERAL I	номе, ѕоотн	BOROUGH, MAS	SSACHUS	SEITS		
081	Disposition Type BURIAL  Date of Disposition JUNE 08, 2020							
DISPOSITION	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
D		,						
En	dorsements							
	Registry of Vita	l Records and Stat	istics	Board of Health	/Agent for:	: SOUTHBOROUGH		
PERMIT	State Tracking #	033671		Local Permit#	E-PERM	IT		
ER	Date	JUNE 05, 202	20	Date	_			
_				Name of Agent	_			
z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:							
ATION	Place of Disposi	tion (Facility Name	and Address)		Signatur	Fe )		
M A	NUMA CEMETERS			Lm	,	/// 1	/	
FIR	VEO. 13,	LOT 6 GA	usneenwen Wh	,,,,,,,,	X (		lun	
CONFIRM	Disposition Type		Date of Disposition		Nameof	Superintendent or Authorized	d Designee:	
CC	FULL EAST	corf EMAC	JUNE 8,	2020	6	BRIDGET A. 6	VILLETIES,	/

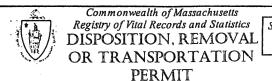
#### **Acceptance of Permit**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File # 2020 034816

	1							
	Decedent Name ABU, GLORIA LOUISE							
	Place of Death	9 BLUEBERRY LANE, SOUT	HBOROUGH, MA					
Т	Date of Death	JUNE 11, 2020	Dat	e of Birth S	EPTEMBER 12, 1925	Sex	FEMALE	
DEN	Residence	9 BLUEBERRY LANE, SOUT	HBOROUGH, MA	SSACHUSI	ETTS 01772			
DECEI	If U.S. veteran, sp NO Branch of militar	pecify war/conflict(s) (most recent) y (most recent)	R	ank/organizati	ion/outfit(most recent)			
	Date entered (mo.	st recent)	Date Discharged (mo:	st recent)	Service Number(most reco	ent)		
R	Certifier ASHR	AF ELKERM, MD			Lic # 81917			
TIFIE	Addr. 370 WES	T STREET, LEOMINSTER, M.	ASS ACHUS ETTS	01453				
CERTI	Immediate Cause CONGESTIVE	of Death E HEART FAILURE						
Th	is permit autho	rizes the following Funeral Servi	ce Licensee or Des	ignee to rem			as listed below:	
DISPOSITION	Facility. MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., AS HLAND, MASS ACHUS ETTS  Disposition Type CREMATION  Place/Address  Place/Address							
En	dorsements							
Т	Registry of Vita	l Records and Statistics	Board of Health	Agent for: SO	OUTHBOROUGH			
MIT	State Tracking #	034816	Local Permit #	E-PERMIT				
PER	Date	JUNE 12, 2020	Date					
			Name of Agent					
VFIRMATION	I hereby certify that the remains were disposed of in accordance with it  Place of Disposition (Facility Name and Address)  LUAL CHARTEST (Suthbonish MA  Sec. K. Lav. 36			s terms at the place and date below:    Signature				
CON	Disposition Type Bush Date of Disposition  15 ( "amount lemant Tulist 7, 20)			Name of Sup	perintendent or Authorized Design	١ -	/	

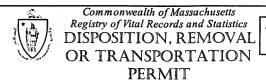
#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Form R-309 07012014



Information necessary for the Certificate of Death has been completed for:

State File #

2020 034816

1						
Г	Decedent Name ABU, GLORIA	LOUISE	-			
	Place of Death 9 BLUEBERRY LANI	E, SOUTHBOROUGH, MA				
_	Date of Death JUNE 11, 2020	Date of Birth	<b>SEPTEMBER 12, 1925</b>	Sex FEMALE		
E Z	Residence 9 BLUEBERRY LANI	E, SOUTHBOROUGH, MASSACHU	SETTS 01772			
ECED	If U.S. veteran, specify war/conflict(s) (most NO	recent)				
۵	Branch of military (most recent)	Rank/organiz	zation/outfit(most recent)			
	Date entered (most recent)	Date Discharged (most recent)	Service Number(most recent)			
1				scenty		
~	Certifier AS HRAF ELKERM, MD		Lic # 81917			
FIE	Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453					
RTI	Immediate Cause of Death					
CE	CONGESTIVE HEART FAILURE					
7	This permit authorizes the following Fun	eral Service Licensee or Designee to r	emove, dispose or transport	remains as listed below:		
F						
z	Funeral Licensee/ Designee JOHN A. MATARES E, JR  Lic # 6664					
1110	Facility. MATARESE FUNERAL HO	ME AND CREMATION SERVICE, I	NC., ASHLAND, MASSAC	CHUSETTS		
w	Disposition Type CREWIATION		Date of Disposition JUNE 13, 2020			
P 0						
2	2   RURAL, CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605					

#### **Endorsements**

	Registry of Vital Records and Statistics	Board of Healtl	Board of Health/Agent for: SOUTHBOROUGH			
MIT	State Tracking # 034816	Local Permit#	E-PERMIT			
ER	Date JUNE 12, 2020	Date	·			
"		Name of Agent				
z	I hereby certify that the remains were di	sposed of in accordance with its	terms at the place and date below:			
15	Place of Disposition (Facility Name and A	ddress)	Signature			
FIRMA.	Rural Cemetery 180 Grove Street Worcester, MA 01508		x John 74. Cohile			
O	Disposition Type Date	ofDisposition	Name of Superintendent or Authorized Designee:			

#### Acceptance of Permit

Cremation

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

p.1

75180

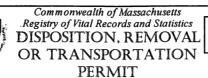
		, منت	Commonwealth of Me	assachusetts				
Ш			Registry of Vital Record. DISPOSITION, F		State File #	2020 035078		
000	######################################	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OR TRANSPOR					
For	m R-309 07012014		PERMI	T				
In	formation necessary	for the Certificate of Dea	th has been completed	od Com				
			an nas been complete	:u 10f;				
l	Decedent Name STEVENS, PHYLLIS L							
	Place of Death HARRINGTON MEMORIAL HOSPITAL, SOUTHBRIDGE, MA							
ENT	Date of Death JU	NE 11, 2020	Da	te of Birth AU	GUST 08, 1929	Sex FEMALE		
DE	Residence 249	DUDLEY-SOUTHBRID	GE ROAD, DUDLE	Y, MASSACH	USETTS 01571			
DECED	If U.S. veteran, specif.	vwar/conflict(s) (most recent)						
2	Branch of military (most recent)  Rank/organization/outfit(most recent)							
	Date entered(most red	cent)	Date Discharged (mo	ost recent)	Service Number(n	iost recent)		
_	Certifier ISSAMA	ONEYSSI MD	W		1:- 4 7(E(O			
TIFIER	Addr. 100 SOUTH STREET, SOUTHBRIDGE, MASSACHUSETTS 01550							
RTI	Immediate Cause of Death							
30	PULMONARY EM	IBO LIS M						
TI	nis permit authorize	s the following Funeral Se	ervice Licensee or Des	signee to remov	e, dispose or trans	port remains as listed below:		
z	Funeral Licensee' Designee BRYAN J GIVNER, SR Lic # 7009							
110	Facility. PARADIS-GIVNER FUNERAL HOME, OXFORD, MASSACHUSETTS							
011180	Disposition Type CREMATION Date of Disposition JUNE 16, 2020							
2	Place/Address							
D	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605							
En	dorsements				Ţ.			
Т	Registry of Vital Rec	ords and Statistics	Board of Health	Agent for: SOU	THBRIDGE			
ERMIT	State Tracking # 0.	35078	Local Permit#	E-PERMIT				
PER	Date J	UNE 15, 2020	Date					
	Name of Agent							
N		the remains were disposed of	in accordance with its t	terms at the place	and date below:			
T10	Place of Disposition (	Facility Name and Address)		Signature	0 /	_		
CONFIRMATION		Rural Cemetery		1	John 1	4. Cohile		
>	Rural Cemetery 180 Grove Street Worrester, MA 01605			1 10	// ~			
5	Disposition Type	Al'orrester, MA D1605		X	0			

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

<u> </u>
0000479216
Form R-309 07012014



State File#

2020 036992

Information necessary for the Certificate of Death has been completed for:

Decedent Name TREMBLAY, DONALD E

Place of Death 49 BOSTON ROAD, 4B, SOUTHBOROUGH, MA

Date of Death JUNE 24, 202

Date of Birth NOVEMBER 26, 1935

Sex MALE

Residence 49 BOSTON ROAD, 4B, SOUTHBOROUGH, MASS ACHUSETTS 01772

If U.S. veteran, specify war/conflict(s) (most recent)
KOREA

AIR FORCE

Branch of military (most recent)

Rank/organization/outfit(most recent)

A/1C

Date entered(most recent)
APRIL 10, 1953

Date Discharged (most recent)

Service Number(most recent)

APRIL 09, 1957

AF 12 440 709 Lic # 219697

Certifier MICHAEL H HAKIM, MD

Addr. 182 WEST STREET, WARE, MASSACHUSETTS 01082

Immediate Cause of Death

CARDIOPULMONARY ARREST

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee BRIAN C. MCKINNEY

Lic # 50106

Facility. MCCARTHY, MCKINNEY & LAWLER FUNERAL HOME, FRAMINGHAM, MASSACHUSETTS

Disposition Type CREMATION

Date of Disposition JUNE 25, 2020

Place/Address

SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131

#### Endorsements

DISPOSITION

CONFIRMATION

١.	_ [	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH			
E	2	State Tracking #	036992		036992		
٤	ER	Date	JUNE 25, 2020	Date	JUNE 25, 2020		
-				Name of Agent	JAMES F. HEGARTY		

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address)

500 Canterbury Street

Boston, MA 02131

Disposition Type

Date of Disposition

Signature

Name of S

me of Superintendent or Authorized Designee: Michael D. Sheehan, G.M.

Cremation

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File#

2020 043810

Information	necessary for th	e Certificate of	Death has been	completed for:
-------------	------------------	------------------	----------------	----------------

L							
	Decedent Name MAURO , JOHN -						
	Place of Death 35 BOSTON ROAD, SOUTHB	OROUGH, MA					
1	Date of Death AUGUST 08, 2020	Dat	e of Birth	SEPTEMBER 04, 1931 Sex MALE			
DEN	Residence 35 BOSTON ROAD, SOUTHB	OROUGH, MASS	ACHUSE	FTS 01772			
ECED	If U.S. veteran, specify war/conflict(s) (most recent)						
DE	Branch of military (most recent)	R	ank/organiz	zation/outfit(most recent)			
	Date entered(most recent)	Date Discharged (mos	st recent)	Service Number(most recent)			
æ	Certifier SHUNIAN HE, MD			Lic # 206099			
FIE	Addr. 640 BOLTON STREET, MARLBOROUG	GH, MASSACHUS	SETTS 01	752			
CERTIFIER	Immediate Cause of Death CARDIOPULMONARY ARREST						
Th	is permit authorizes the following Funeral Serv	ice Licensee or Des	ignee to re	emove, dispose or transport remains as listed below:			
N	Funeral Licensee/ Designee NANCY G MORRIS  Lic # 50277						
110	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUS ETTS						
SPOSITIO	Disposition Type BURIAL			Date of Disposition AUGUST 15, 2020			
SPC	Place/Address						
D.I	RURAL CEMETER, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772						
En	dorsements						
_	Registry of Vital Records and Statistics	Board of Health	Agent for:	SOUTHBOROUGH			
PERMIT	State Tracking # 043810	Local Permit#	E-PERMI	Т			
PER	Date AUGUST 10, 2020	Date	_				
	·	Name of Agent	_				
N	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:						
ATION	Place of Disposition (Facility Name and Address)		Signature				
CONFIRMA	RURAL CEMERAL II CARRAINE DE SEVALEMENTER MA SEC. 9, LOT 44 CHV44	01112	X	July Cidlum			
NO.	Disposition Type Date of Disposition	on	Nameof	Superintendent or Authorized Designee:			
١	FULL EARTH KINIAL AUG 10	2020		Chart I Guerral			

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Form R-309 07012014



State File #

2020 048718

**PERMIT** 

Info	ormation necess	sary for the Certificate of Death ha	s been completed	l for:			
	Decedent Name	BERTONAZZI, JOSEPHINE	E P		W. C.	<del></del>	
	Place of Death	63 A SCHOOLSTREET, SOUT	HBOROUGH, M	A			
_	Date of Death	<b>SEPTEMBER 10, 2020</b>	Date	e of Birth	MARCH 06, 1925	Sex FEMALE	
DEN	Residence	63 A SCHOOLSTREET, SOUT	HBOROUGH, M	ASSACH	USETTS 01772		
DECEDENT	NO	vecify war/conflict(s) (most recent)					
1	Branch of militar	y (most recent)	Ra 	ank/organiz -	ation/outfit(most recent)		
	Date entered(mo	st recent) Do	ate Discharged (mos	st recent)	Service Number(most re	ecent)	
R	Certifier KALIN	NDI MEHTA, MD			Lic # 230077		
FIE		ON STREET, WESTBOROUGH,	MASSACHUSE	TTS 01581	<b>I</b>		
CERTIFIER	Immediate Cause CONGES TIVI	e of Death E <b>HEART FAILURE</b>					
Th	is permit autho	rizes the following Funeral Service	e Licensee or Des	ignee to re	emove, dispose or transport	remains as listed below:	
7	Funeral Licensee	Designee NANCY G MORRIS			Lic ‡	¥ <b>50277</b>	
01.	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASS ACHUS ETTS						
SIT	Disposition Type	BURIAL			Date of Disposition SEP	TEMBER 12, 2020	
DISPOSITION	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772						
En	dorsements						
Т	Registry of Vita	l Records and Statistics	Board of Health	Agent for:	SOUTHBOROUGH		
PERMIT	State Tracking #	048718	Local Permit#	E-PERMI	T		
PER	Date	<b>SEPTEMBER 11, 2020</b>	Date				
	: 		Name of Agent				
N.		that the remains were disposed of in a	ccordance with its t	erms at the	place and date below:	(	
TI		tion (Facility Name and Address)		Signature	1	//	
CONFIRMATION	RURAC CEMETERY 11 CONSAVIUENTO SOUTHERINGE		SI WIN	X			
NF	Disposition Type	Lot 335, Grev #3 Date of Disposition		Name of Superintendent or Authorized Designee:			
ວ	POLL EARTH	SENAL SEAL B	2, 2020	Ç	BUSGET A. E.	WENEY	

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Form R-309 07012014



2020 050501 State File #

Inf	ormation necess	ary for the Certi	incate of Deati	n nas been completed	1 101:				
	Decedent Name	QUINN , JO	HN FRANC	CIS					
	Place of Death	8 WYNDEMER	E DRIVE, SO	OUTHBOROUGH, M	1A				
T	Date of Death	SEPTEMBER 2	23, 2020	Dat	e of Birth	OCTOBER 07, 1935	Sex	MALE	
EN	Residence	Residence 8 WYNDEMERE DRIVE, SOUTHBOROUGH, MASS ACHUS ETTS 01772							
DECEDENT		ecify war/conflict(	s) (most recent)						
NO   Branch of military (most recent)   Rank/organization/outfit(most recent)									
				- Data Direktor - 160a	<u>-</u>	Camila a Nove hander and	4 4		
	Date entered(mos	st recent)		Date Discharged (mo	st recent)	Service Number(mos	recent)		
R	Certifier TIMO	THY P. MURPH	Y, MD			Lic # 156870			
FIE	Addr. 56 COLP	ITTS ROAD, W	ESTON, MAS	SACHUSETTS 024	93				
CERTIFIE	Immediate Cause RES PIRATOR								
CE	RESPIRATOR	1 ARRES 1							
Th	is permit autho	rizes the followi	ng Funeral Sei	rvice Licensee or Des	ignee to r	emove, dispose or transpo	rt remains	as listed below:	
~	Funeral Licensee/ Designee NANCY G MORRIS  Lic # 50277								
101	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS								
DISPOSITION	Disposition Type	Disposition Type CREMATION  Date of Disposition S EPTEMBER 25, 2020						25, 2020	
SPO	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
DI	KURAL CEVILIERI (CREVIATURI), 100 GROVE SIREEI, WORCESIER, MASSACIIOSEI IS 01003								
En	dorsements								
	Registry of Vital Records and Statistics			Board of Health	Board of Health/Agent for: SOUTHBOROUGH				
MIT	State Tracking #	050501		Local Permit#	E-PERM	IT			
PERMIT	Date	SEPTEMBER	23, 2020	Date	-				
-				Name of Agent	-				
7	I hereby certify	that the remains w	ere disposed of	in accordance with its t	erms at th	e place and date below:	٢		
01	Place of Disposition (Facility Name and Address)				Signatur	re?	,		
MAT	1 : 2 : 1 : 1					- 1/1 N	/_/		
ONFIRMATION	11 Can Jurile Bo Sam Geordest, MA Nicht 4 613				x // 9///////				
	Disposition Type	isposition Type Date of Disposition			Name of Superintendent or Authorized Designee:				
U	11/10/10/21/1 1 July 29 1			19 0121		( ) 1 - / /-			

#### Acceptance of Permit

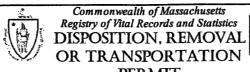
Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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000498025 orm R=309.07012014



State File # 2020 050501

PERMIT

For	m R-309 07012014	LICIVIL	•						
Inf	formation necessary for the Certificate of Death	has been complete	d for:						
	Decedent Name QUINN, JOHN FRANCIS	Decedent Name QUINN, JOHN FRANCIS							
	Place of Death 8 WYNDEMERE DRIVE, SOUTHBOROUGH, MA								
Т	Date of Death SEPTEMBER 23, 2020	Da	te of Birth O	CTOBER 07, 1935 Sex MALE					
ENT	Residence 8 WYNDEMERE DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772								
ECED	If U.S. veteran, specify war/conflict(s) (most recent)								
DE	NO Branch of military (most recent)	R -	ank/organizatio —	on/outfit(most recent)					
	Date entered (most recent)	Date Discharged (mo	ist recent)	Service Number(most recent)					
R	Certifier TIMOTHY P. MURPHY, MD			Lic # 156870					
FIE	Addr. 56 COLPITTS ROAD, WESTON, MASS	ACRUSETTS 024	193						
CERTIFIE	Immediate Cause of Death RES PIRATORY ARRES T								
Th	nis permit authorizes the following Funeral Serv	ice Licensee or Des	signee to remo	ove, dispose or transport remains as listed below:					
z	Funeral Licensee/Designee NANCY G MORRIS			Lic # 50277					
r10	Facility. MORRIS FUNERAL HOME, SOUTH	IBOROUGH, MAS	SACHUSET	TS					
SI	Disposition Type CREMATION Date of Disposition SEPTEMBER 25, 2020								
DISPOSITION	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605								
En	dorsements								
Г	Registry of Vital Records and Statistics	Board of Health	Board of Health/Agent for: SOUTHBOROUGH						
ERMIT	State Tracking # 050501	Local Permit#	E-PERMIT						
PER	Date SEPTEMBER 23, 2020	Date							
		Name of Agent	_						
Z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:								
T10	Place of Disposition (Facility Name and Address)		Signature	Del. 710 140					
ONFIRMATION	Rural Cometery 180 Grove Street Worcester, MA 01605		X	John H. Cohill					
NO	Disposition Type Date of Disposition	on	Name of Superintendent or Authorized Designee:						
٥	Gramation SFP 2	5 2020	1	John H Cobill					

#### Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Form R-309 07012014



PERMIT

State File#

2020 059002

Information necessary for the Certificate of Death has been completed for:

GATHOGO, LEAH WANGECHI Decedent Name SUDBURY RESERVOIR, SOUTHBOROUGH, MA Place of Death **NOVEMBER 09, 2020** Date of Death Date of Birth MARCH 09, 1974 FEMALE Sex 54 LEIGH STREET, FRAMINGHAM, MASSACHUSETTS 01701 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Rank/organization/outfit(most recent) Branch of military (most recent) Date Discharged (most recent) Service Number(most recent) Date entered (most recent) Certifier ROBERT M. WELTON, MD Lic # 256257 Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 Immediate Cause of Death **PENDING** This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/Designee JOHN A. MATARES E, JR

Lic # 6664

Facility. MATARESE FUNERAL HOME AND CREMATION SERVICE, INC., AS HLAND, MASSACHUS ETTS

Disposition Type CREMATION

Date of Disposition NOVEMBER 16, 2020

RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH E-PERMIT State Tracking # 059002 Local Permit# **NOVEMBER 16, 2020** Date Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) Signature RMATI Rural Cemetery 180 Grove Street Worcester, MA D1606

Cremation

Date of Disposition M(IV I

Name of Superintendent or Authorized Designee:

John H.Cohill

#### Acceptance of Permit

Disposition Type

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Form R-309 07012014

Commonwealth of Massachusetts
Registry of Vital Records and Statistics
DISPOSITION, REMOVAL
OR TRANSPORTATION

State File #

2020 059872

PERMIT

Information necessary for the Certificate of Death has been completed for:

				•					
	Decedent Name	CHESNA, I	EDNA A						
	Place of Death	Place of Death 100 SEARS ROAD, SOUTHBOROUGH, MA							
Ţ	Date of Death	NOVEMBER 1	6, 2020	Da	te of Birth	JUNE 16, 1922	Sex	FEMALE	
DEN	Residence	100 SEARS RO	AD, SOUTHBOI	ROUGH, MASS	ACHUS ET	TTS 01772			
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent)  NO  Branch of military (most recent)		R						
	Date entered(mo.	st recent)	De	ate Discharged (mo -	st recent)	Service Number(mos	it recent)		
R	Certifier VINAY	KUMAR, MD				Lic # 57255			
RTIFIER	Addr. 246 MAP	LE STREET, M	IARLBOROUGH,	MASSACHUS	ETTS 017	752			
CERTI	Immediate Cause SENILE DEM		HEIMER'S TYPI	E					
Th	is permit autho	rizes the followi	ng Funeral Servic	e Licensee or De	signee to r	emove, dispose or transpo	rt remains	as listed below:	
DISPOSITION	Facility. <b>SLAT</b> Disposition Type  Place/Address	FERY FUNERAL BURIAL	TA. JOHNSTON L HOME, INC., N CRY, 278 COXST	MARLBOROUG			cic # 6373	21, 2020	
En	dorsements							9	
	Registry of Vital Records and Statistics			Board of Health	/Agent for:	SOUTHBOROUGH			
ERMIT	State Tracking #	059872		Local Permit#	E-PERM	IT			
PER	Date	NOVEMBER	19, 2020	Date					
				Name of Agent					
ON				ccordance with its	terms at th	e place and date below:			
CONFIRMATION	Place of Disposition (Facility Name and Address)  Af Muhael Lemotou  Log St Hudson MA  Disposition Type  Date of Disposition			<u> </u>	Signatur X	Lena Lui	Designee:	,	
00	Bure	il	11-21-2		4	elena Sici	Masi	D	

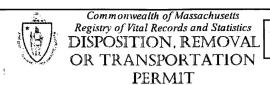
#### Acceptance of Permit

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Form R-309 07012014



State File # 2020 06

2020 060581

Information	necessary	for the	Certificate	of Death	has been	completed for:
-------------	-----------	---------	-------------	----------	----------	----------------

	Decedent Name	CHASON,	SEWALL	GLENN				_	
Т	Place of Death 117 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA								
	Date of Death	NOVEMBER	23, 2020	Da	te of Birth D	ECEMBER 03, 1932	Sex	MALE	
EN	Residence			, PALM BEACH GAR	DENS, FLOF	RIDA 33418			
DECEDENT		necify war/conflict	(s) (most rece	nt)					
DE	NO Branch of militar	y (most recent)		,	Rank/organizati	on/outfit(most recent)			
	Date entered(mo	st recent)		Date Discharged (me	ost recent)	Service Number(most rec	ent)		
_	Certifier JONA	THAN E. SNII	DER, MD			Lic # 156979			
RTIFIER	-			LESLEY, MASSACH	USETTS 0248	31			
RTI	Im m ediate Cause	e of Death							
CE	MENINGIOM	A						1	
Tì	is permit autho	rizes the follow	ing Funeral	Service Licensee or De	signee to rem	ove, dispose or transport r	emains	as listed below:	
_							50744		
N		Funeral Licensed Designee Julie BENGEN							
OSITIO		Facility. LEVINE CHAPEL, BROOKLINE, MASSACHUSETTS						24 2020	
0.0	Place/Address	Disposition Type BURIAL  Date of Disposition NOVEMBER 24, 2020						24, 2020	
DISP	BETT OLAM EAST CEMETERY, 42 CONCORD ROAD, WAYLAND, MASS ACHUS ETTS 01778								
_									
Er	dorsements								
L L	Registry of Vital Records and Statistics			Board of Healt	Board of Health/Agent for: SOUTH BOROUGH				
MI	State Tracking #	060581		Local Permit#	E-PERMIT				
PERMIT	Date	NOVEMBE	R 24, 2020	Date					
_				Nam e of Agent					
z	I he reby certify that the remains were disposed of in accordance with its terms at the place and date below:								
TION	Place of Disposition (Facility Name and Address)			)	Signature				
₹	Belt Olam East Cemetery 42 Concard Rd			tery		idirn J. Ca	. 1 .		
FIR	Wasland, ma 01778			7 4	$X \rightarrow V$	ca ca	pec a	`	
ONFIRM	I Wasia	~ · · · · · · · · · · ·	$\langle C i i \rangle$	1 0					
ON	Disposition Type		Date of Dis		Name of Sup	perintendent or Authorized Des	ignee:	i	

#### Acceptance of Permit

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### "Customer's Designation of Intentions"

Same of Deceased:	ROY SANDERS
nula /21	W. BABYLON M
hope I have not made (Setleduled Uste).	(Location)
Manner of Disposition of Cremains:	the state of the s
havanaidea what the NYC fc11	Return to (Specify person to receive cremains)
] Entombruseut at	GREG SAMADELS
V.	[ ] Other (specify):
	Commission and colonomicaliza magint of a comm of this form
I hereby designate the Disposition of	Cremains and acknowledge receipt of a copy of this form.
(X) s	Grea Jamain
(Signature)	(OKEG SNUNDER) DIVITAL
(Printed Na	me) A SIG HIGHIAND DECEASED
(Address)	- St Thomas Die
	DELAVAN WI S3115
. (3	224)343-36 <i>78</i>
(Telephone	Number)
"Cremains which shall not have been claimed wi firm, in the following manner of disposition	thin 120 days from the date of cremation may be disposed of by thi
	RIAL AT SEX
	CINC NI CEN
MICHTEL J. CECENE	III - KWICELLAD 03/31/20
Printed Name of Functal Director	Signature of Functal Directle
or Undertaker	Of Characterists
TO BE COMPLETED FOLLOWING CREMATION A	AND DISPOSITION OF REMAINS
•	· · · · · · · · · · · · · · · · · · ·
Cremation: (Actual Date)	(Location of Cremstory)
Disposition of Cremains: (Manner of Disposition)	CHEMATER HEMANIS N SEC 4. LOT 3
Willia (in	more Sunkawith 1/11 - Swift
(Location)	· P nian
(Dass)	1 10 Fato
A Curuit -	Allina 4/14/2020
Name of Person Making Dispositon	Signature
I hereby acknowledge that on	
	Date
I took possession of the cremains of	(NAME OF DECEASED)
	(NAME OF PERSON RECEIVING CREMAINS)
(SIGNATURE)	(1/Whate as a summer where a man as man
White copy to Funeral Home — Yellow copy to family upon dispo	sition — Pink copy to family upon initial arrangement —
AP 27 - RBV 4/05	٠. ٠